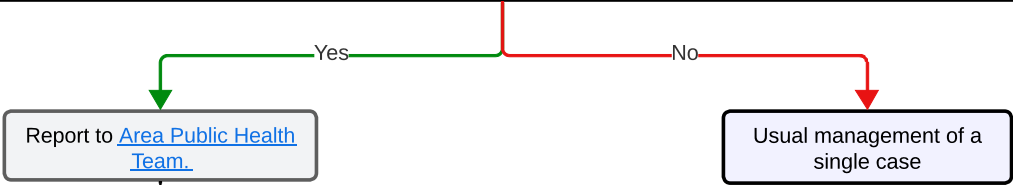


# Management of outbreaks of Classical Scabies\* in a Residential Care Facility (RCF) V1.0 17/04/2024

Diagnosis<sup>1</sup> of two or more epidemiologically linked cases of scabies within 6 weeks?

**\* This algorithm is for the management of outbreaks of classical scabies, if crusted scabies is suspected, seek urgent specialist advice from specialist clinicians (dermatology/ID/microbiology)**



**Area Public Health Team will:**

- Carry out a public health risk assessment (PHRA) in conjunction with the facility
- If appropriate, liaise with IPC for additional support for outbreaks of Scabies
- Identify further cases in residents and staff
- Identify contacts<sup>2</sup>. *The decision on who to treat will be informed by the PHRA. Contacts could be confined to residents of a single floor or wing if there is no mixing or movement of staff or residents between floors or wings.*
- The PHRA will inform decision on whether to convene an outbreak control team (OCT) and other actions.**

**Further clinical assessment**  
 Further clinical assessment advised if:

- Signs/symptoms of secondary bacterial skin infection
- Case is unwell
- No improvement in symptoms after 4 weeks following correct application of treatment and other recommended measures

**Coordination of simultaneous treatment<sup>3</sup> and infection prevention and control (IPC) measures**

- All cases and contacts (residents and staff) should start treatment and implement appropriate IPC precautions within 24h of each other.
- Refer GPs to [antibioticprescribing.ie](https://www.hse.ie/eng/health/antibioticprescribing) for details on treatment options.
- Itch may last up to 4 weeks following correct treatment application. It may be relieved using an oral antihistamine and/or a topical steroid.

**Infection Prevention and Control Measures**

- Standard precautions** should be sufficient to prevent transmission. For most activities, gloves and plastic aprons are appropriate i.e. contact precautions. However, for activities such as close personal care when extensive skin to skin contact (for example lifting a patient with scabies), or direct contact with infested linen or clothing could occur, single use disposable gowns may be required until 24hrs after first treatment dose has been completed. A [point of care risk assessment \(PCRA\)](#) will aid Health and Care Workers (H&CWs) to determine what PPE<sup>4</sup> they should wear.
- Clothes, bed linen and towels of cases should be treated as infested linen. RCF should implement local management policies for the management of infested linen, including segregation and use of alginate bags.
- Wash clothing, bedding and towels in a minimum 50 degrees Celsius wash cycle, washing machines should not be overloaded, after laundering, items should be dried immediately in a tumble drier on the first day of treatment.
- For items that cannot be laundered in a hot wash, seal the items in a bag for **4 days<sup>5</sup>** without removing anything during this time period.
- For classical scabies, the routine cleaning regimen will be sufficient to remove skin scales from the environment.

**Isolation and Movement of Staff/Residents**

- Residents (cases and contacts) should remain in their room (isolate) until 24 hours after their first treatment dose has been completed.
- Staff can return to work 24hrs after their first treatment dose has been completed. Contact occupational health (*where available*) for advice for H&CWs.
- The movement of staff to and from the affected area should be restricted if possible.
- The movement of residents to and from the affected area must be restricted until all cases and contacts have been treated.

**Advice for families/visitors**

- Inform the family members of symptomatic residents of the situation and advise them to contact their GP regarding treatment.
- Provide [Scabies Patient Information Leaflet](#) to residents and family members.
- Visiting health and care workers (for example, nurses or physiotherapists) who have close or prolonged physical contact with residents should be informed of the outbreak prior to their visit to setting and reminded of the importance of wearing appropriate PPE for any skin contact with affected residents.
- Visitors who provide care should be instructed on how to put on and take off PPE and how to perform hand hygiene.

**Declaring the outbreak over**

- Outbreak can be declared over if no new cases are identified within 12 weeks of symptom onset date of the last known case.

**Notes**

<sup>1</sup>**Diagnosis:** Clinical diagnosis by the GP of the resident or staff member. For more information on signs and symptoms of Scabies, please see [here](#).

<sup>2</sup>**Contact:** A **contact** of a single case in healthcare or a residential setting is anyone, 6 weeks prior to diagnosis in the index case, with one or more of:

- Close physical contact (prolonged direct skin to skin for 10-15 minutes) with the case without appropriate PPE
- Sharing a room or other similar household setting
- Sexual partners

<sup>3</sup>**Treatment:** Two applications of treatment. Second treatment to be applied 7 days after the first application. Generally **topical treatment** is advised. Please see [antibioticprescribing.ie](https://www.hse.ie/eng/health/antibioticprescribing) for details on treatment options.

<sup>4</sup>**Personal Protective Equipment (PPE) Recommendations:** Refer to [National Clinical Guideline No. 30 Infection Prevention and Control](#) and the IPC [Point of Care Risk Assessment \(PCRA\)](#) for further advice on standard and contact precautions.

<sup>5</sup> Data from an observational study recommends the isolation of all mite-infested items for at least 4 days (this study showed that all mites were dead after Day 4), Ref: [In vitro survival of scabies mites](#) while another study recommends the time of effective isolation for scabies contaminated fomites is 4 days in a temperate climate. Ref: [How to eliminate scabies parasites from fomites: A high-throughput ex vivo experimental study](#)